

Personal Training Request Form

We request all interested customers complete a request form. Email the completed form to stozaki@howardcountymd.gov. A staff member will be in touch within 3 business days of receiving the completed form. Additional information will be provided at that time.

Customer Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Member Number: _____

Sessions: *(please check which package you are interested in)*

Private training sessions are one participant to one trainer. Semi-Private Sessions are up to three participants to one trainer.

1 30-Minute Session (Private)	\$45	<input type="checkbox"/>	8 30-Minute Sessions (Private)	\$299	<input type="checkbox"/>
1 60-Minute Session (Private)	\$75	<input type="checkbox"/>	4 30-Minute Sessions (Semi-Private, group of 3)	\$240	<input type="checkbox"/>
4 30-Minute Sessions (Private)	\$160	<input type="checkbox"/>	8 30-Minute Sessions (Semi-Private, group of 3)	\$459	<input type="checkbox"/>

Preferred Days *(please select all that apply)*

Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>		

Preferred Times *(please write in your preferred time of day)*

First preference _____ AM or PM
Second preference _____ AM or PM

For Staff:

Date received: _____

Initials: _____

Contacted customer: _____

Notes for trainer:

Forwarded to trainer: _____